

WHAT IS MEDICATION ABORTION?

Medication abortion, sometimes called medical abortion or non-surgical abortion, is one of two methods for ending a pregnancy designated by the World Health Organization (WHO) as safe and effective; the other is surgical abortion. Unlike surgical abortion, medication abortion can be self-administered by the pregnant person at home without direct supervision by a health provider, making it less invasive and less costly.

HOW DOES MEDICATION ABORTION WORK?

The person seeking a medication abortion **speaks with a reputable pharmacist or health provider** about obtaining the correct medications and guidelines for taking them.



The person **takes the prescribed dose of mifepristone**, which stops the pregnancy from growing.



Within 48 hours, the person **takes the prescribed dose of misoprostol**.



Within a few hours, **cramping and bleeding begin, which empty the uterus**. The experience is similar to a very heavy menstrual period and lasts from several hours to a couple of days. Light bleeding may continue for a couple of weeks.

In many countries with restrictive abortion laws, mifepristone is not available and **a medication abortion can be completed using misoprostol only**. Research shows the combination of mifepristone and misoprostol is more effective than misoprostol only, but both methods are equally safe and usually cause only mild side effects.

Mifepristone and misoprostol are the only medications designated as safe and effective for pregnancy termination by the WHO. Counterfeit and expired medications, which may be unsafe or ineffective, are commonly found in places where abortion is highly restricted and should be avoided.

RECOGNIZING SAFE ABORTION MEDICATION

SAFE ABORTION MEDICATION IS ALWAYS...



- White in color.
- In pill or tablet form, NOT capsules.
- In sealed, undamaged packaging with a marked expiration date; loose and expired pills should never be taken.
- Sold by a reputable health facility, pharmacy, or medicine seller.¹

WHO CAN HAVE A MEDICATION ABORTION?

The appropriateness of medication abortion in a particular circumstance depends on several factors, including:

- **Accessibility:** Are mifepristone and misoprostol available; do people know where to find them? If not, safe medication abortion is not possible.
- **Preference:** What does the individual seeking abortion prefer? Surgical abortion may be a better option for some.
- **Pregnancy gestation:** How far along is the pregnancy? Medication abortion is approved for pregnancies up to 13 weeks but is most safe and effective when performed within the first 10 weeks.²

THE BIG PICTURE: ABORTION AROUND THE WORLD

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MILLION



Unintended pregnancies occurred each year between 2015-2019.



Approximately 73 million of those pregnancies—about 60%—ended in abortion.

Abortion occurs regularly, in places where it is legal and places where it is not.

ABORTION RATE PER 1,000 WOMEN (AGES 15-49)



Source: Guttmacher Institute, *Unintended Pregnancy and Abortion Worldwide*, July 2020.

HOW CAN JOURNALISTS REPORT ON THIS TOPIC?

Survey your community. Interview people about whether they know about medication abortion, whether they have used it, or how common it may be in their area. Civil society and advocacy groups that work in reproductive health, women's rights, or health care access might be able to connect you with sources.

Ask an expert. Speak to health care workers, including doctors, nurses, and midwives, to learn if they know about medication abortion. Compare the information they give you with facts from the WHO and other sources of credible medical guidance. How prepared are health care workers to advise patients about medication abortion?

Learn how policy shapes access. What policies and laws affect access to reproductive health care, including abortion, in your country? Find out whether mifepristone and misoprostol are available at health access points and ask about how frequently these drugs are requested. Does the government collect data on maternal deaths? How have maternal mortality rates fluctuated over time, and what are the primary causes? If data don't exist at a national level, try asking hospitals or other major points of care for the maternal death trends they see: Are complications from unsafe abortion a cause?

Find innovations and solutions. The use of telehealth, including mobile applications, to access health services is growing in many countries. This technology can reach people unable to access facility-based abortion services and serve communities without a regular abortion provider. Has telehealth improved access to reproductive health care in your area? Are there any other working solutions to connect people with health care, and is medication abortion offered? Why or why not?

REDUCING MATERNAL DEATH: CAN MEDICATION ABORTION MAKE A DIFFERENCE?

We still do not understand the full impact of medication abortion on reducing maternal death. However, country-level studies indicate that the number of maternal deaths attributed to unsafe abortion is changing due to the introduction of **misoprostol** and **mifepristone**.³ This change is especially relevant for sub-Saharan Africa, which has both a high number of unsafe abortions and the highest rates of maternal mortality in the world.

Reducing barriers to safe, affordable, and effective abortions may be especially critical for vulnerable populations who have trouble accessing existing services due to physical, cultural, and legal obstacles. Inequitable reproductive health care leads to poor health outcomes among already at-risk communities and may result in higher numbers of unsafe abortions and maternal deaths.

RESOURCES FOR JOURNALISTS

Guttmacher Institute's *Sexual and Reproductive Health Profiles* includes contraceptive use and reproductive services data for more than 130 countries.

Ipas's Protocols for Medical Abortion explains the medication dosages needed for the variety of reasons people seek medication abortion. While this resource is clinical in nature, it can help explain the process.

WHO's *Global Abortion Policies Database* allows research and comparison of the policies affecting abortion around the world.

References

1. Ipas, "How to Buy Abortion Pills That Are Safe and Effective," 2021.
2. World Health Organization, *WHO Recommendations on Self-Care Interventions: Self-Management of Medical Abortion*, 2020.
3. Michael B. Gravenor, "The Potential of Medical Abortion to Reduce Maternal Mortality in Africa: What Benefits for Tanzania and Ethiopia?" *PLoS One* 5, no. 10 (2010): e13260.

A note about the data: It is important to remember that most of the abortion figures and data in this sheet are estimates. Abortion estimates are measured using a formula with several calculations and data drawn from different sources. Because abortion is so restricted and stigmatized it is hard to gather absolute numbers; therefore we use estimates.

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